

# NATIONAL Assessment Centre Services

SN0921750003-01

Date In: 19/7/21 12:47	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ21007750/V	SAS e-filing		
Veh No: Smk 2568D	E-mail (within Max. ADC 2hrs)		
D.O.A: 16/7/21 17:03	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 35u3458P	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

NA2103398	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	19/07/2021 12:47 (SGT)
Date of Accident	16/07/2021 17:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER TOA PAYOH LOR 6 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2568D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FINNLAYSON TECHNOLOGY PTE LTD
Company Reg No	2XXXXX359H
Email Address	X543210H@GMAIL.COM
Mobile Phone No	(Phone) +65-98515842
Alternative Phone No	+65-98515842

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00069962100
Cover Note Number	-

#### DRIVER

Name of Driver	AKHILANAND RAI
NRIC No	SXXXX841Z



Date Of Birth	11/12/1982
Occupation	Outdoor
Date Of Driving Pass	19/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98515842
Alt. Phone Number	-
Email Address	X543210H@GMAIL.COM
Address	BLK 130B LORONG 1 TOA PAYOH #23-514
Address complement	-
Postcode	312130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	KOH SENG LAM
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3458P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	AKHILANAND RAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	KOH SENG LAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SN0921750003 Vehicle Registration No: SMK 2568D  
Name (as shown in NRIC) : Akhil and Rai NRIC/FIN/Passport No : 2XXXXX 359H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 14/7/21 Time of Accident : 19:03  
Place of Accident : PJE  
Insurance Company : China tai ping

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change car plate

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

Date of Accident : 16 July 2021 Accident Time: 17:03 (24-HR-Format)  
 Accident Place : PTE towards Changi after Toa Payoh Lor 6 Exat.  
 Vehicle No. (Car Plate No.) : SMK 2568 D. Make/Model: Toyota Ursh  
 Insurance Company : China Taiping. Policy No: DMPCSNW00069962400  
 Owner or Company Name / IC No. : Finnlayson Technology Pte Ltd. 2009193594  
 Owner or Company Contact No. : 98515842 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name/IC No. : Akhilanand Rai S8262841Z  
 DRIVER'S Date of Birth : 11 Dec 1982 DRIVER'S License Pass Date: 19 Apr 2012  
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: \_\_\_\_\_

DRIVER'S Address : Blk 130B Lor 1 Toa Payoh # 23-514 S 312130.  
 DRIVER'S Contact No./ Alt No. : 1) 98515842 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : x 543210h @ gmail.com  
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Passenger - Male. Koh Seng Lam.

Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Any injury (If YES, Please state): Yes, Neck, back, shoulder.

#### Other Party Driver's Particular (if any)

Vehicle No	: <u>SJN 3458 P. (B)</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Hyundai Avante</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:

email: xinhua workshop @ gmail.com



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Handwritten Signature]*

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

PTE twds Changi after toa Payh Lor 6 Expt.

*[Handwritten Sketch: A box containing the letters 'KAKA' with arrows pointing outwards from the sides.]*

Vehicle A: SMK 2568 P

Vehicle B: SJ43458 P

### Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was traveling along the stated venue. Due to traffic heavy, in front of my vehicle make a jammed brake. I slowed down. Moment later, vehicle 'B' could not stopped in time & hit onto my vehicle rear portion.

Please refer to the police report T/20210718/7019.

### Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210718/7019

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210718/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2021 22:01	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: AKHILANAND RAI	Address: 130B LORONG 1 TOA PAYOH #23-514 SINGAPORE 312130	
ID Type / ID No.: NRIC NO / S8262841Z	Contact No.: Home/Office:	Mobile: 98515842
Nationality: INDIAN	Email: AKHILANAND.RAI@GMAIL.COM	
Sex: Male	Age: 38	Date of Birth: 11/12/1982
Type of Informant: Driver		
Race: Indian	Language: English	Institution / School Name:
Occupation: Mechanical engineer (general)	Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2021 17:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJU3458P	Car	HYUNDAI	AVANTE	Purple	Seriously Damaged	1
SMK2568D	Car	TOYOTA	WISH	White	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210718/7019

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210718/7019

**CONTINUATION OF REPORT**

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Passenger</b>				
Name	KOH SENG LAM		ID No.	NIL
Related Vehicle	SMK2568D (Car)		Contact No.	98371754
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
<b>Driver</b>				
Name	AKHILANAND RAI		ID No.	S8262841Z
Related Vehicle	SMK2568D (Car)		Contact No.	98515842
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/07/2021		Date	17/07/2021
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME , MY VEHICLE BEARING SMK2568D WAS TRAVELLING ON THE STATED VENUE. THERE WAS A HEAVY TRAFFIC . THE FRONT VEHICLE SUDDENLY MAKE A JAMMED BRAKE , I FOLLOWED SUIT . MOMENT LATER VEHICLE BEARING SJU3458P COULD NOT STOPPED IN TIME AND HIT ONTO MY VEHICLE REAR PORTION . I WISH TO STATE THERE WAS A PASSANER KOH SENG LAM AT THE POINT OF TIME . THE FOLLOWING DAY I FELT MY NECK AND BACK WAS PAIN AND WENT TO BRADDELL MEDICAL CLINIC FOR TREATMENT AND GIVEN 3 DAYS MC .



**SINGAPORE  
POLICE FORCE**



T/20210718/7019

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210718/7019

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
18/07/2021 22:01

Classification Of Case:

XIN HUA WORKSHOP PTE LTD  
REG: 201838521G  
23 KAKI BUKIT AVE 4,  
#04-01 (SOUTH WING),  
SINGAPORE 415933.  
TEL: 6844 1985  
FAX: 6844 5185



**AUTHORISATION & INDEMNITY LETTER**

I/We \_\_\_\_\_ NRIC No./UEN No. \_\_\_\_\_  
(the third party claimant), having address at \_\_\_\_\_  
\_\_\_\_\_ and the owner of \_\_\_\_\_ (vehicle) hereby to authorize **XIN HUA  
WORKSHOP PTE LTD** to repair the damage to my vehicle in a reasonable time that was pursuant to the  
accident which occurred \_\_\_\_\_ (date) along \_\_\_\_\_  
\_\_\_\_\_ involving vehicle/s \_\_\_\_\_.

I/We understand, acknowledge and agree that:

- I/We, the owner of vehicle no. \_\_\_\_\_ hereby instruct & authorise **XIN HUA WORKSHOP PTE LTD** to commence repairs to the said vehicle.
- I/We confirm that you are hereby authorized to handle the repair the vehicle and/or to negotiate and settle my claims, relating to the above mentioned accident, which I/We may have, against other third party/parties, or insurers, and/or to instruct lawyers on my/our behalf, to facilitate the third party claim for me/us.
- You have my/our authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
- You are hereby authorized to execute and/sign any document discharge voucher/ agreements regarding my/our claims/case for my convenience. You are also hereby authorized to receive on my/our behalf monies/claims, correspondences in connection with this said claims.
- I/We confirm that an event of an unsuccessful claims, against the negligent party, and/or my own insurer for the damages caused to my vehicle, I agree to pay all repair costs and any incidental expenses incurred by you, or the lodge an own damage claim (only for Comprehensive Cover) to cover the expenses incurred.
- I/We also hereby instruct and authorized you deduct from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair cost, rental of substitute vehicles and any other incidentals related to the accident claims.

  
*[Handwritten Signature]*

Owner Signature / Company Stamp / Date

Witness Signature / Name / Date

Motor Private Car

MX4WF

N SN

AN0353A

Cov. Type C

**CERTIFICATE OF INSURANCE**

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00069952100

Engine No.: 3ZRA387727

Chs. No.: JTDGJ20W105001026

 1. Index Mark and Registration  
 Number of Vehicle

SMK2568D

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

FINNLAYSON TECHNOLOGY PTE LTD

 3. Effective date of the Commencement of  
 Insurance for the purposes of the Regulations,  
 Ordinance or Enactment

 29/04/2021  
 (00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

 Provided that the person driving is permitted in accordance with the licensing or other laws or  
 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of  
 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor  
 Vehicle.

6. Limitations as to use\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

 The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of  
 goods other than samples in connection with any trade or business of use for any purpose in connection with the Motor Trade.

 Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss) will be doubled. A Flat S\$5,000  
 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first S\$500 will apply to the  
 Insured and Named Drivers in the event Of Own Damage Claim at our Authorised Workshops for each Policy Year.

 \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the  
 provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road  
 Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

EZRA KEE YONG SENG

Authorised Officer



Authorised Signatory